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CONFIRMATION NO. 6187

<b>SERIAL NUMBER</b> 10/675,413	<b>FILING OR 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 14537US02
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *yes 8/15/06 BN*  
 This appln claims benefit of 60/478,270 06/13/2003 and claims benefit of 60/478,286 06/13/2003  
 and claims benefit of 60/448,705 02/18/2003  
 and claims benefit of 60/469,182 05/09/2003  
 and claims benefit of 60/444,243 01/30/2003  
 and claims benefit of 60/464,697 04/23/2003  
 and claims benefit of 60/432,472 12/11/2002  
 and claims benefit of 60/443,894 01/30/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/22/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>BN</i> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
23446

**TITLE**  
Media exchange network supporting remote peripheral access

<b>FILING FEE RECEIVED</b> 1712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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